

# ADDENDUM TO APPLICATION

FLORIDA HOUSE OF REPRESENTATIVES

## SPEAKER'S LEGISLATIVE FELLOWSHIP PROGRAM

APPLICANT \_\_\_\_\_

### I. EDUCATION

#### (A) GPA

Undergraduate \_\_\_\_\_

Graduate \_\_\_\_\_ (Masters Program)

Graduate \_\_\_\_\_ (PhD Program)

#### (B) GRADUATE ENTRANCE EXAMS:

G R E	L S A T	G M A T
Date taken     /     /	Date taken     /     /	Date taken     /     /
Verbal Score _____		
Percentile _____		
Quantitative Score _____	Score _____	Score _____
Percentile _____		
Analytical Score _____	Percentile _____	Percentile _____
Percentile _____		

If you have not taken a graduate exam, what exam will you take? \_\_\_\_\_

Anticipated date of examination: \_\_\_\_\_

- (C) What will be your major or academic area of concentration during the 2002-2003 Speaker's Legislative Fellowship Program (September, 2002 through May, 2003)?

\_\_\_\_\_

- (D) Additional information about your educational experience that you want considered in this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### II. HONORS AND ACTIVITIES

Indicate in the appropriate space below if you have been involved in or have received any of the following:

#### SCHOLARSHIPS AND FELLOWSHIPS:

\_\_\_\_\_

\_\_\_\_\_

#### HONORS AND AWARDS:

\_\_\_\_\_

\_\_\_\_\_

#### LEADERSHIP POSITIONS:

\_\_\_\_\_

\_\_\_\_\_

#### OTHER FELLOWSHIPS OR INTERNSHIPS (NOT LISTED UNDER EMPLOYMENT):

\_\_\_\_\_

\_\_\_\_\_

VOLUNTEER WORK:

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PUBLICATIONS:

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PROFESSIONAL ASSOCIATIONS:

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OTHER ORGANIZATIONS TO WHICH YOU BELONG:

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**III. AREAS OF INTEREST**

Participants are assigned to work with a policy area during their Fellowship. Indicate below your preference of issue areas and a short explanation of the reasons for this preference:

- |   |  |
|---|--|
| <input type="checkbox"/> Appropriations / Budget            | <input type="checkbox"/> Information Technology              |
| <input type="checkbox"/> Civil Justice                      | <input type="checkbox"/> Insurance and Workers' Compensation |
| <input type="checkbox"/> Criminal Justice                   | <input type="checkbox"/> Local Government                    |
| <input type="checkbox"/> Communications                     | <input type="checkbox"/> Natural Resources                   |
| <input type="checkbox"/> Economic and Workforce Development | <input type="checkbox"/> Regulated Industries                |
| <input type="checkbox"/> Education                          | <input type="checkbox"/> Social Services                     |
| <input type="checkbox"/> Finance & Taxation                 | <input type="checkbox"/> Transportation                      |
| <input type="checkbox"/> General Government                 | <input type="checkbox"/> Utilities / Telecommunications      |
| <input type="checkbox"/> Health Care                        |  |

1st Preference: \_\_\_\_\_

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2nd Preference: \_\_\_\_\_

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**IV. FACULTY & EMPLOYER RECOMMENDATIONS**

List below two faculty members and one employer from whom you will request recommendations. Recommendation forms included in the application should be filled out by the faculty member/employer and forwarded to the Legislative Fellowship Office. These recommendations should be received in the Fellowship Office by June 30, 2002. **IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THAT THESE RECOMMENDATIONS HAVE BEEN RECEIVED BY THE DEADLINE.**

NAME OF FACULTY MEMBER AND ADDRESS

TELEPHONE

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

NAME OF EMPLOYER AND ADDRESS (IF APPLICABLE)

TELEPHONE

- 1) \_\_\_\_\_

**V. COMPUTER KNOWLEDGE AND SKILLS**

List your computer knowledge and skills:

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F A C U L T Y

FLORIDA HOUSE OF REPRESENTATIVES

R E C O M M E N D A T I O N      **SPEAKER'S LEGISLATIVE FELLOWSHIP PROGRAM**

STUDENT'S NAME \_\_\_\_\_

STUDENT'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FACULTY MEMBER'S NAME \_\_\_\_\_

FACULTY MEMBER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**THE GOAL OF THE SPEAKER'S LEGISLATIVE FELLOWSHIP PROGRAM IS TO PROVIDE COLLEGE GRADUATES AND GRADUATE STUDENTS WITH TRAINING IN THE LEGISLATIVE PROCESS AND PUBLIC POLICY MAKING.**

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

WHAT WAS THE RANKING OF THE APPLICANT'S PERFORMANCE IN YOUR CLASS?

☐ TOP 10%      ☐ TOP 25%      ☐ TOP 50%      ☐ BOTTOM 50%

CLASS SIZE \_\_\_\_\_

HOW WOULD YOU RATE THE APPLICANT'S WRITING ABILITY?

☐ OUTSTANDING      ☐ ABOVE SATISFACTORY      ☐ SATISFACTORY      ☐ POOR

HOW WOULD YOU RATE THE APPLICANT'S ANALYTICAL ABILITY?

☐ OUTSTANDING      ☐ ABOVE SATISFACTORY      ☐ SATISFACTORY      ☐ POOR

DID THIS APPLICANT DEMONSTRATE OTHER COMMUNICATION SKILLS? PLEASE SPECIFY. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU THINK THIS APPLICANT WOULD BE A GOOD CANDIDATE FOR THE HOUSE OF REPRESENTATIVES FELLOWSHIP PROGRAM? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SEND THIS FORM TO THE ADDRESS BELOW BY JUNE 30, 2002.

SPEAKER'S LEGISLATIVE FELLOWSHIP PROGRAM  
FLORIDA HOUSE OF REPRESENTATIVES  
1003 THE CAPITOL  
402 S. MONROE STREET  
TALLAHASSEE, FL 32399-1300  
(850) 487-2390  
E-MAIL: BROUSSARD.BEVERLY@LEG.STATE.FL.US

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

E M P L O Y E E R

FLORIDA HOUSE OF REPRESENTATIVES

R E C O M M E N D A T I O N     **SPEAKER'S LEGISLATIVE FELLOWSHIP PROGRAM**

EMPLOYEE'S NAME \_\_\_\_\_

EMPLOYEE'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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TYPE OF WORK EMPLOYEE PERFORMED; LENGTH AND SPECIFIC DATES OF EMPLOYMENT; APPROXIMATE NUMBER OF HOURS WORKED PER WEEK \_\_\_\_\_

\_\_\_\_\_

HOW DID THE EMPLOYEE PERFORM ON THE JOB?

☐ EXCELLENT

☐ GOOD

☐ SATISFACTORY

☐ POOR

REMARKS \_\_\_\_\_

\_\_\_\_\_

HOW DID THE EMPLOYEE RESPOND TO DIRECTION? \_\_\_\_\_

\_\_\_\_\_

DID THE EMPLOYEE WORK WELL WITH OTHERS? \_\_\_\_\_

\_\_\_\_\_

WOULD YOU RECOMMEND THIS PERSON AS A DEPENDABLE AND RESPONSIBLE EMPLOYEE? \_\_\_\_\_

\_\_\_\_\_

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